

Garden State
Heart Care, P.C.

300 BridgePlaza Drive
Manalapan, NJ 07726
(732) 536 - 8904

Br 2

October 6, 2008

Radioactive Materials Division
U.S. Nuclear Regulatory Commission
475 Allendale Road
King of Prussia, PA 19406-1451

03037790

Re: U.S NRC Radioactive Materials License 29-31319-01

Dear Madam/Sir:

Please amend our radioactive materials license to include Dr. Jatinchandra Patel as an authorized user. Attached please find the preceptor form and education certificates for Dr. Patel.

If you have any questions please feel free to contact me at 610-745-5218

Sincerely,



John Covalesky, D.O

Administrator

RECEIVED
REGION 1
2008 OCT -9 PM 12: 36

142900
NRC/RGNI MATERIALS-002

**AUTHORIZED USER TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION**
(for uses defined under 35.100, 35.200, and 35.500)
[10 CFR 35.190, 35.290, and 35.590]

APPROVED BY OMB: NO. 3150-0120
EXPIRES: 10/31/2008

Name of Proposed Authorized User

State or Territory Where Licensed

JATINCHANDRA PATEL

NEW JERSEY, USA

Requested Authorization(s) (check all that apply)

- 35.100 Uptake, dilution, and excretion studies
- 35.200 Imaging and localization studies
- 35.500 Sealed sources for diagnosis (specify device)

PART I -- TRAINING AND EXPERIENCE
(Select one of the three methods below)

* Training and Experience, including board certification, must have been obtained within the 7 years preceding the date of application or the individual must have obtained related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

1. Board Certification

- a. Provide a copy of the board certification.
- b. If using only 35.500 materials, stop here. If using 35.100 and 35.200 materials, skip to and complete Part II Preceptor Attestation.

2. Current 35.390 Authorized User Seeking Additional 35.290 Authorization

- a. Authorized user on Materials License meeting 10 CFR 35.390 or equivalent Agreement State requirements seeking authorization for 35.290.
- b. Supervised Work Experience.
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs			

Total Hours of Experience:

Supervising Individual License/Permit Number listing supervising individual as an authorized user

Supervisor meets the requirements below, or equivalent Agreement State requirements (check all that apply).

- 35.290
- 35.390 + generator experience in 32.290(c)(1)(ii)(G)

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User

a. Classroom and Laboratory Training.

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	Institute Nuclear Education (INME) Scarsdale, NJ	50	3/10/2007 3/18/2007
Radiation protection	" "	50	5/10/2008 5/18/2008
Mathematics pertaining to the use and measurement of radioactivity		50	
Chemistry of byproduct material for medical use (not required for 35.590)		30	
Radiation biology		20	
Total Hours of Training:			

b. Supervised Work Experience (completion of this table is not required for 35.590).
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Supervised Work Experience

Total Hours of Experience: 800

Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys	Deborah Heart and Lung Center 200 Trenton Road Browns Mills, NJ 08015	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	03/01/2005 to 08/31/2008
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	Deborah Heart and Lung Center 200 Trenton Road Browns Mills, NJ 08015	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	03/01/2005 to 08/31/2008

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

b. Supervised Work Experience. (continued)

Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Calculating, measuring, and safely preparing patient or human research subject dosages	Deborah Heart and Lung Center 200 Trenton Road Browns Mills, NJ 08015	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	03/01/2005 to 08/31/2008
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	Deborah Heart and Lung Center 200 Trenton Road Browns Mills, NJ 08015	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	03/01/2005 to 08/31/2008
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	Deborah Heart and Lung Center 200 Trenton Road Browns Mills, NJ 08015	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	03/01/2005 to 08/31/2008
Administering dosages of radioactive drugs to patients or human research subjects	Deborah Heart and Lung Center 200 Trenton Road Browns Mills, NJ 08015	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	03/01/2005 to 08/31/2008
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs	200 E. Kensington Circle Bristol, PA 19007 Jason Pennar 34-29200-01 MD	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Supervising Individual

Harry J. [Signature]

License/Permit Number listing supervising individual as an authorized user

29-18190-01

Supervisor meets the requirements below, or equivalent Agreement State requirements (check one).

- 35.190 35.290 35.390 35.390 + generator experience in 35.290(c)(1)(ii)(G)

c. For 35.590 only, provide documentation of training on use of the device.

Device	Type of Training	Location and Dates
Squibb Generator	Resident - ABNM Certified 1975	Hahnemann University Philadelphia, PA 1972-1975

d. For 35.500 uses only, stop here. For 35.100 and 35.200 uses, skip to and complete Part II Preceptor Attestation.

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

PART II – PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. (Not required to meet training requirements in 35.590)

First Section

Check one of the following for each use requested:

For 35.190

Board Certification

I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized User

10 CFR 35.190(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

OR

Training and Experience

I attest that _____ has satisfactorily completed the 60 hours of training and
Name of Proposed Authorized User

experience, including a minimum of 8 hours of classroom and laboratory training, required by 10 CFR 35.190(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

For 35.290

Board Certification

I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized User

10 CFR 35.290(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

OR

Training and Experience

I attest that Jatinchandra Patel has satisfactorily completed the 700 hours of training
Name of Proposed Authorized User

and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

Second Section

Complete the following for preceptor attestation and signature:

I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:

- 35.190
- 35.290
- 35.390
- 35.390 + generator experience

Name of Preceptor

Signature

Telephone Number

Date

Harry Lessig, MD, FACNP, FACNM

Harry Lessig MD, FACNP, FACNM

609-893-6611

8/30/08

License/Permit Number/Facility Name

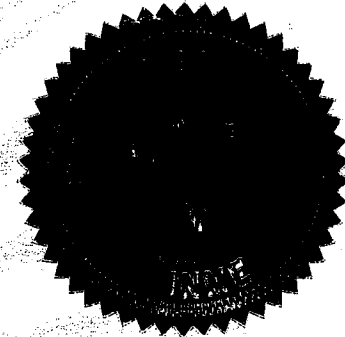
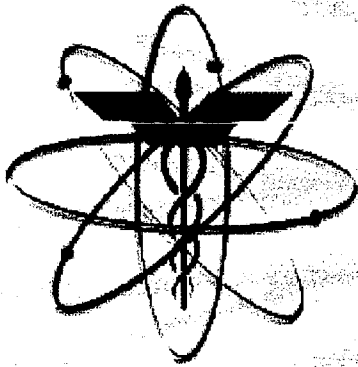
29-18190-01

CERTIFICATE OF COMPLETION HAZMAT TRAINING – RADIOACTIVE MATERIALS

This document is an affidavit tha

Jatinchandra Patel, D.O.

*Has received training and has been tested as
required by 49CFR 172.704(d). This
training was limited to diagnostic
radioactive materials received or offered for
shipment in approved Type A Packages,
Class 7, UN2915, Yellow II.*



A handwritten signature in black ink.

Certifying Official

May 19th, 2008

Date Completed

204324

Certification

Institute for Nuclear Medical Education

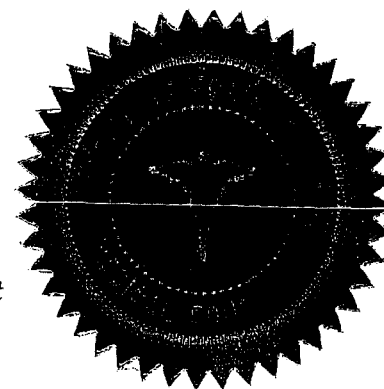
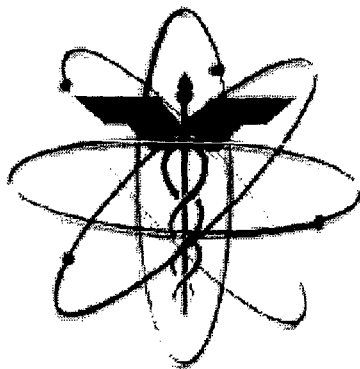
Certified, Approved and Regulated by the Division of Private Occupational Schools, Department of Higher Education in Colorado. Validated by the American Council on Education (ACE), recognized by the American Association for Collegiate Registrars, Council on Post-Secondary Education. Licensed by NRC & Agreement States.

FUNDAMENTALS
Radioisotope Handling
Attestation and Certification
Completion and Competency

This document is an affidavit that

Jatinchandra Patel, D.O.

*has successfully completed the prescribed didactic program of
education and has achieved the objectives of this program
as evidenced by written examination*



This Program provides the following levels of documented accomplishment

- 10.0 Continuing Education Units (CEU)
- 100 Didactic Instructional Hours (DIH)
In compliance with 10CFR35/AEA 73-689
- 100 Board Accepted Hours NUSPEX, NMTCB III b,
ABMRSO, ABR, ABNM, CBNC


Certifying Official

March 18th, 2007

Date Completed

204047

Certification

Institute for Nuclear Medical Education

Certified, Approved and Regulated by the Division of Private Occupational Schools, Department of Higher Education in Colorado. Validated by the American Council on Education (ACE), recognized by the American Association for Collegiate Registrars, Council on Post-Secondary Education. Licensed by NRC & Agreement States.

EXTENDED COMPREHENSIVE

Radioisotope Handling Attestation and Certification Completion and Competency

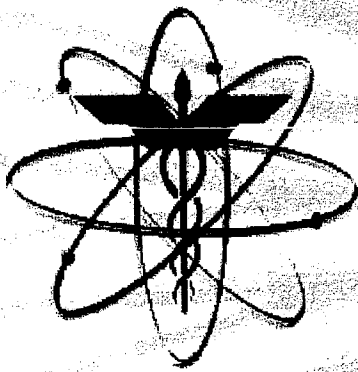
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Jatinchandra Patel, D.O.

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- In compliance with 10CFR35/AEA 73-689
- 100 Board Accepted Hours NUSPEX, NMTCB
ABMRSO, ABR, ABNM, CBNC



A handwritten signature in cursive script.

Certifying Official

May 19th, 2008

Date Completed

204286

Certification

Institute for Nuclear Medical Education

Certified, Approved and Regulated by the Division of Private Occupational Schools, Department of Higher Education in Colorado. Validated by the American Council on Education (ACE), recognized by the American Association for Collegiate Registrars, Council on Post-Secondary Education. Licensed by NRC & Agreement States.

This is to acknowledge the receipt of your letter/application dated

10/6/08, and to inform you that the initial processing which includes an administrative review has been performed.

Ameudment C29-31319-01
There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

Please provide to this office within 30 days of your receipt of this card

A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned **Mail Control Number** 142900.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.